Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPEO			OŖ	OTHER THAN OR SMALL ENTITY								
TO	TAL CLAIMS					ſ	RATE	FEE		RATE	FEE							
FOF	3	NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00							
TOT	TAL CHARGEABLE CLA	AIMS 41 mi	식 minus 20=		. 21		X\$ 9=		OR	9/ X\$18=	378.							
INDI	EPENDENT CLAIMS	7 m	ゴ minus 3 =		4		X40=		OR	4x80=	320:							
MUI	TIPLE DEPENDENT CL	AIM PRESENT	RESENT			ļ	+1 <u>35</u> ==	المستعدد المستعد	العسشند	+270=	J&U 1							
* If the difference in column 1 is less than zero, enter "0" in column 2						) 192			OR	TOTAL								
CLAIMS AS AMENDED - PART II  OR TOTAL  OTHER THA										THAN								
(Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	SMALL								
AMENDMENT A	CLA REMA AFT AMEND	NING ER	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total	Minus	**	· · · · · · · · · · · · · · · · · · ·	=		X\$ 9=		OR	X\$18=								
	Independent :	Minus	***	نيا عليوا	= 3	.^. - ×	£X40=		ં OR	X80=								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=	337 3	OR	+270=								
	(Column 2) (Column 3)						TOTAL	发 (金)、全 数 50%、1/4	OR	TOTAL								
							ADDIT: FEE	A	V: 1	ADDIT FEE								
AMENDMENT B	CLA REMA	IMS INING	HIGI NUN PREVI	HEST MBER IOUSLY ) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total	Minus	***		=	11	X\$ 9=		OR	X\$18=	3							
	Independent	Minus	***		=		X40=		OR	X80=								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					]	+135=		, ,	270-								
Best Available Copy						ļ	TOTAL	·	OR OR	TOTAL								
	:						ADDIT. FEE			ADDIT. FEE	Nage The second							
AMENDMENT C	CLA	IMS	HIG	HEST	(Column 3)	,		ADDI-	Ì		ADDI-							
	- AF	INING FER DMENT	PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL							
	Total +	Minus	**		=	1	X\$ 9=		OR	X\$18=								
	Independent +	Minus	***		=	]	X40=			X80=								
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							**	OR									
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+135=		OR	+270=								
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE																		
1	The "Highest Number Prev	viously raid rui 119 t iously Paid For" (Total	or Indenen	dent) is the	a highest numb	er foi	and in the an	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										